## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number
081276 - 9121 - 00

|   |  |   | SMALL ENTITY TYPE                    |                               | OR                           | OTHER THAN<br>OR SMALL ENTITY      |        |                     |                        |        |                     |                        |
|---|--|---|--------------------------------------|-------------------------------|------------------------------|------------------------------------|--------|---------------------|------------------------|--------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 22                                   |                               |                              |                                    |        | RATE                | FEE                    |        | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                         |                               | NUMBER EXTRA                 |                                    |        | BASIC FEE           | 375.00                 | OR     | BASIC FEE           | 750.00                 |
| то  | TAL CHARGEA  | BLE CLAIMS                                | 2 2 minus 20=                        |                               | : 2                          |                                    |        | X\$ 9=              |                        | OR     | X\$18=              | 36                     |
| IND   | EPENDENT CL  | AIMS                                      | 3 minus 3 =                          |                               | <b>'</b> 9                   |                                    |        | X42=                |                        | OR     | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                                      |                               |                              |                                    |        | +140=               |                        | OR     | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                                      |                               |                              |                                    | TOTAL  |                     | OR                     | TOTAL  | 786                 |                        |
|   | Araka CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |                                      |                               |                              |                                    |        | SMALL ENTITY        |                        |        | OTHER<br>SMALL      | THAN                   |
| AMENDMENT A   | •  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                   |        | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | · 22                                      | Minus                                | ** 20                         | 2                            | . `                                |        | X\$ 9=              |                        | OR     | X\$18=              |                        |
|   | Independent  | · 3                                       | Minus                                |                               |                              |                                    |        | X42=                |                        | OR     | X84=                |                        |
|   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF                          | ENDEN                         | CLAIM                        |                                    | J      | +140=               |                        | OR     | +280=               |                        |
| TOTAL ADDIT. FEE  |  |   |                                      |                               |                              |                                    |        |                     |                        | OR     | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                      |                               |                              |                                    |        |                     |                        |        |                     |                        |
| AMENDMENT B   | o  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                   |        | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                | **                            |                              | =                                  |        | X\$ 9= <sub>.</sub> |                        | OR     | X\$18=              |                        |
|   | Independent  | *   | Minus                                | ***                           |                              | =                                  |        | X42=                |                        | OR     | X84=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                     |   |                                      |                               |                              |                                    | J      | +140=               |                        | OR     | +280=               |                        |
| TOTAL ADDIT. FEE  |  |   |                                      |                               |                              |                                    |        |                     |                        | OR     | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                      |                               |                              |                                    |        |                     |                        |        |                     |                        |
| AMENDMENT.C   |  | CLAIMS REMAINING AFTER AMENDMENT          | ·                                    | NUM<br>PRÉVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                   |        | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                | **                            |                              | =                                  |        | X\$ 9=              |                        | OR     | X\$18=              |                        |
|   | Independent  | *   | Minus                                | ***                           |                              | =                                  | 4      | X42=                |                        | OR     | X84=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=               |   |                                      |                               |                              |                                    |        |                     |                        | OR     | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                      |                               |                              |                                    |        |                     |                        | OR     | TOTAL<br>ADDIT. FEE |                        |
| **  | "If the "Highest Nu<br>The "Highest Nur                            | umber Previously in<br>the Previously Pa  | Paid For" IN TH<br>aid For" (Total o | IS SPACE<br>or Independ       | is less that<br>dent) is the | an 3, enter "3."<br>e highest numb | oer to |                     | propriate bo           | x in c | olumn 1.            |                        |